



State of Utah

JON M. HUNTSMAN
Governor

GARY R. HERBERT
Lieutenant Governor

Department of Public Safety

SCOTT T. DUNCAN
Commissioner

Driver License Division

NANNETTE ROLFE
Director

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Approved By:

Disapproved By:

Assigned Number:

**APPLICATION FOR
COMMERCIAL SCHOOL TESTING CERTIFICATION**

APPLICATION IS FOR: ☐ ORIGINAL

☐ REINSTATEMENT

RETURN COMPLETE APPLICATION TO: DRIVER LICENSE DIVISION
ATTENTION:
TARA ZAMORA/PHYLLIS SHAGUN
P O BOX 30560
SALT LAKE CITY, UT 84130-0560

SECTION 1: GENERAL

NAME OF INSTRUCTOR/TESTER	DRIVER LICENSE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	
MAILING ADDRESS (IF DIFFERENT)	
NAME OF SCHOOL WHERE INSTRUCTOR/TESTER IS CURRENTLY EMPLOYED	
ADDRESS OF SCHOOL	
TELEPHONE NUMBER OF SCHOOL	

**SECTION 2:
AUTHORIZATION OF
SCHOOL OWNER**

I HEREBY CERTIFY THAT I APPROVE OF THE ABOVE LISTED INSTRUCTOR'S CERTIFICATION TO CONDUCT DRIVER SKILLS TESTS. I CONSENT TO THE INSTRUCTOR'S USE OF SCHOOL VEHICLES, FACILITIES, ETC. FOR THE PURPOSE OF CONDUCTING DRIVER SKILLS TESTS.

I CONSENT TO RANDOM AUDITS, EXAMS, AND INSPECTIONS DURING BUSINESS HOURS AS REQUIRED BY THE STATE. I UNDERSTAND THAT I WILL BE REQUIRED TO MAINTAIN SEPARATE RECORDS OF ALL TESTS ADMINISTERED BY THE ABOVE LISTED INSTRUCTOR FOR A PERIOD OF THREE YEARS, AND TO NOTIFY THE DRIVER LICENSE DIVISION REGARDING TERMINATION OR DISCONTINUED EMPLOYMENT OF THE ABOVE LISTED INSTRUCTOR FROM MY SCHOOL.

PRINTED NAME OF SCHOOL OWNER: _____

SIGNATURE: _____ DATE: _____

SECTION 3: ELIGIBILITY FOR TESTER CERTIFICATION
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1. HAVE YOU COMPLETED AN APPROVED TRAINING COURSE REGARDING MINIMUM STANDARDS WHICH MUST BE MET IN THE ADMINISTRATION AND SCORING OF TESTS?

YES ☐

NO ☐

2. IF YOU ANSWERED YES TO QUESTION NUMBER 1, PLEASE LIST THE NAME AND LOCATION OF THE TRAINING COURSE THAT WAS COMPLETED AND THE NAME OF THE INSTRUCTOR.

NAME OF COURSE:
INSTRUCTOR:
LOCATION:

3. DO YOU HAVE A DRIVING RECORD WHICH IS FREE OF SUSPENSIONS, REVOCATIONS, CHARGEABLE ACCIDENTS, DRUG OR ALCOHOL RELATED OFFENSES, IN ALL STATES, FOR A TWO YEAR PERIOD IMMEDIATELY PRIOR TO THIS APPLICATION?

YES ☐

NO ☐

PLEASE LIST STATE AND DRIVER LICENSE NUMBER: _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE AND FURTHER AGREE THAT FALSIFICATION OF THIS APPLICATION MAY BE GROUNDS FOR CANCELLATION OF CERTIFICATION.

PRINTED NAME OF APPLICANT: _____

SIGNATURE: _____ DATE: _____